UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 CFR 1.53(b)			ATTORNEY DOCKET 85487LMI Customer No. 0133				
To: Commissioner for Patents				Express Mail Label No.			
P.O. Box 1450							
Alexandria, VA. 22313-1450				EV293538988US			
STABILIZED POLYMER BEADS AND METHOD OF PREPARATION				Sept	tember 9 2003	.2	
First Named Inventor (or Application Identifier):						5580 5580	
Jeffrey W. Leon, et al						434	
Enclosed are:  1. X Specification			6.		ignment of the invention to	2	
2. Sheet(s) of drawing(s)				7. Certified copy of a priority			
3. Information Disclosure Statement Under 37 CFR 1.97.				8. Associate Power of Attorney			
Combined Declaration for Patent Application and Power of Attorney:     X New							
4b. Copy from a prior application (37 CFR 1.63(d) (for continuation/divisional with Box 11 completed)							
5. Incorporation by Reference (useable if Box 4b is				<ol> <li>Deletion of Inventor(s).</li> </ol>			
<u>checked</u> ) The entire disclosure of the prior application, from  Signed statement attached deleting inventor(s) name							
which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying 1.33(b).							
application and is hereby incor			3 1.33	(D).			
10. If a 111A application prior to examination of the above-identified application, amend the specification at Page 1							
after the title, by inserting the following:							
CROSS REFERENCE TO RELATED APPLICATION  Reference is made to and priority claimed from U.S. Provisional Application Serial No.,							
filed, entitled.							
If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:							
11. Continuation Divisional Continuation-in-part (CIP) of prior application No:							
12. X Please address all written communications to Paul A. Leipold, Patent Legal Staff,							
Eastman Kodak Company, 343 State Street, Rochester, NY 14650-2201.							
Please Direct all tele	phone calls to L	ynne M. Blank a	585-477-	7418.			
The filing fee has been calculated							
FOR:	NO. FILED	NO. EXTR	A 1	RATE	FEE		
BASIC FEE TOTAL CLAIMS	64 - 20 =	44		18 =	\$ 750 \$ 792		
INDEPENDENT CLAIMS	3 - 3 =	0		84 =	\$ 0		
MULTIPLE DEPENDEN	T CLAIM PRES	SENTED		+ 280	\$0		
				TOTAL	\$ 1542		
X Please charge my Eastman Kodak Company Deposit Account No. 05-0225 in the amount of \$ 1542							
A duplicate copy of this sheet is enclosed  X The Commissioner is hereby authorized to charge any additional filing fees required under							
37 CFR 1.16 or credit any overpayment to Eastman Kodak Company Deposit Account No. <u>05-0225</u> .							
A duplicate copy of this sheet is enclosed.							
Spine M. Blank							
Lynne M. Blank/ct Attorney for Applicants							
Telephone: 585-477-7418 Registration No. 42,334 Facsimile: 585-477-1148							
- accommiss. 202-1//-1170							